

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ib | | 10-22-01 |
| O.I.P.E. CLASSIFIER | | 49 | 10/9/01 |
| FORMALITY REVIEW | CV | 503 | 10-26-01 |
| RESPONSE FORMALITY REVIEW | M-D | 625 | 03-14-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

5409
 10/28/01
 0551
 02/14/02